

THE BOSTON  
MEDICAL AND SURGICAL JOURNAL.

Vol. III.]

TUESDAY, MARCH 23, 1830.

[Nos. 6 and 7.]

I.

RESTORATION OF THE NOSE.

Mr. Lawrence, in his lectures not yet completed at St. Bartholomew's Hospital, gives the following account of the engrafting process in animals. After speaking of the adhesive inflammation by which the edges of incised wounds are united, he says,

THE union by adhesion will take place not only where a small division of the parts has occurred, but also where they have been extensively detached, and almost completely severed from the body. If a large piece of the scalp remain connected merely by a small portion of the skin, if it be laid down on the surface, and the parts be kept in contact, it will unite. If a finger be nearly chopped off, and hang by a bit of skin only, the part will unite, if the surfaces be kept in contact. I remember the case of a person who was travelling on the outside of a coach; he laid his head down on entering a gateway, but not low enough, and the edge of the lintel nearly scraped off the ear,—in fact, it hung to the head by a portion of skin less in breadth than the fore-finger. It appeared to me, at first, that the best way was to snip the skin through with the scissors, but, as a kind of experiment, the ear was laid down, and kept in its position by a slight bandage, and it united very well.

This power of adhesion is still better illustrated by the phenomenon it presents in the restoration of lost parts, and also by those experimental proceedings on animals, in which attempts have been made to imitate the process of engrafting adopted with regard to vegetables. It is a curious circumstance, that, so long ago as the fifteenth century, a practice prevailed at Bologna, in Italy, of restoring artificially the loss of the nose. There were one or two families, in that country, in whom this art resided, and by whom it appeared to be handed down hereditarily, and who were famous for its performance. The practice, however, extended to surgeons, and several experiments were made by a youthful Professor by the name of Taliacotius, who wrote a Latin work upon the subject, called *Chirurgia Nova de Narium, &c., defectu per insitionem cutis ex humero sacriendo,* &c., which was printed in 1597, and in which he describes, at full length, the process he adopted for restoring lost noses, ears and lips, and he has illustrated the subject with several plates. The cures that were performed by Taliacotius were seen by many of his contemporaries, who have attested the facts; and there is also this kind of evidence of the truth of it,—his fellow-citizens at Bologna erected a statue in the anatomical theatre

to his honor, in which he is represented holding a nose in his hand. Perhaps, however, he is better known in this country through the notice taken of his proceedings by the celebrated satirical poet, Butler, who says,—

“So learned Taliacotius, from  
The brawny part of porters’ bum,  
Cut supplemental noses, which  
Would last as long as parent breech;  
But, when the date of nock was out,  
Off dropp’d the sympathetic snout.”

The truth is, Taliacotius did not cut noses from the breech, nor out of any part of another individual, so that the noses did not sympathise with the dead, as Butler represented. The plan Taliacotius followed was this:—He pared the cicatrix of the lost nose, so as to give it the character of a recent wound; he then raised a portion of the integuments, of a size and shape calculated to restore the nose, from the forearm or arm. He then fixed the arm, but without detaching the piece, to the edges of the lost nose, and confined it by sutures. The person’s arm was kept in that position as long as it was necessary for maintaining the circulation in the supplemental nose, till the adhesion between that and the natural skin of the face was accomplished. The skin was then removed from the arm, and remained engrafted to the face. In this way he restored noses, and, according to his own account, he also restored lips and ears. Although ridicule has been cast on Taliacotius, yet there seems no reason for denying the fact that such things were indeed done. We can have no reasonable ground for denying that a part of the integument might be thus raised from the hand and forearm, and that it might be applied, in the way de-

scribed, to the cicatrix of the lost nose, and become adherent there, and would, in some measure, fill up the unsightly chasm which the loss of this member produces in the countenance. We cannot so easily believe all the rest that Taliacotius has stated; for he says that these new noses smelt more accurately than the old ones, and grew large and strong, nay, that they sometimes became so elongated as to require them to be removed.

Another mode of restoring the nose has been imported to this country from India, where it is not an uncommon practice to mutilate robbers and captives by cutting off their noses and ears. A portion of the integument is raised from the forehead sufficient to fill up the breach, the incision being made in the shape of a triangle; the part that is to cover the nose is detached, and this portion corresponds to the base of the triangle: the edge of the nose is made a recent wound; then the flap is turned round, that is, the part by which it remains attached to the forehead is twisted. It is then confined by sutures in the situation of the old nose. This is the mode recently resorted to in this country, and which has been practised by Mr. Carpue. Some two or three noses have been made in this way, in this hospital,—enough to show that the process is a very feasible one.

These facts show you the extent of the power of union between the edges of a recent wound in the body;—they show that it is not only sufficient to agglutinate, or unite together the sides of a cut in any part, but also to form a union between two recent surfaces, even where one is extraneous to the

part in which the wound has taken place.

In the Memoirs of the French Royal Academy of Science, for the year 1786, there is a paper, by Duhamel, on engrafting the spurs of cocks on their combs. He mentions that, by way of an experiment, the detached spur of a cock was taken; an opening was made in the comb, and it was fixed there. He says the spur grew in the comb. Inosculation took place, and the spur grew to a great size: he mentions four inches.

Mr. Hunter repeated this experiment, and he found the fact took place, as stated by Duhamel. He found the spurs of the cock, when inserted in the comb, grew to a larger size than if they had been left in their natural situation. He found that the spur of a hen might be transferred to a cock, and the spur of a cock to a hen; but, in the latter case, it did not grow so firmly nor so rapidly. He mentions another experiment,—that of inserting a tooth recently drawn into the comb of a cock; and, under such circumstances, it will become adherent. He mentions this as an instance of vascular union, though it may be doubted whether the adhesion of the tooth to the comb of the cock could be considered as arising from the inosculation of the vessels. I remember seeing an instance in which a tooth was firmly fixed in the comb of a cock, where the tooth, at the time it was inserted, was dead; that is, it had lain a long time; so that it seems the living parts have the power of contracting and healing round it, in that situation, without a vascular union taking place. Mr. Hunter performed a further experiment, viz., taking out the testicle from a cock, and making

an opening in the abdomen of a hen; and, under these circumstances, he found that the testicle became adherent to the abdomen, and grew in that situation.

## II.

### RHINOPLASTIC OPERATION FOR DESTRUCTION OF THE LOWER LIP.

THE rhinoplastic, or, as it is generally termed in this country, the Taliacotian operation, is applicable, no doubt, to many more cases of destruction of the superficial parts, than of that most prominent feature of the “human face divine” to which it is adjudged, par excellence. Sir Astley Cooper, we all know, healed a fistula in perineo by a flap from the scrotum, and Mr. Earle followed in Sir Astley’s wake on a similar occasion and with similar success. M. Dupuytren has recently applied the same principle to the cure of the deformity and destruction produced by that horrible malady, cancrum oris.

*Case.*—A male child, 11 years of age, was attacked, about eighteen months ago, with cancrum oris, which destroyed the half of the lower lip of the right side, from the median line to the inferior border of the lower jaw, and a portion of the cheek to near the angle of the maxilla. On admission into the Hôtel Dieu, the loss of substance of the cheek extended very little above the level of the commissure of the lips, was bounded behind by the inferior border of the masseter muscle, and reached below to the lower edge of the maxilla, which was there in a state of caries. The left half of the jaw, which

had lost the point d'appui that the symphysis naturally affords, was dragged inwards by the action of the muscles, so that the row of teeth on this side was applied to the arch of the palate. This portion of the jaw, however, continued moveable, and could be readily returned to its proper situation. The aspect of the child was disgusting in the extreme,—the tongue in part hanging out from the centre of the chasm, in part adhering by its right border, which greatly embarrassed its movements,—the saliva constantly running out,—mastication very imperfect, and deglutition painful. The health, notwithstanding all this, was good, and the lad lived entirely on soups and soft food. He was anxious to be rid of his deformity, and promised to suffer anything for that purpose. M. Dupuytren commenced by destroying the unnatural adhesions of the right side of the tongue with a bistoury; but the essential part of the operation remained behind, and required mature deliberation before deciding finally on the mode to be pursued. Two or three plans were suggested to the able Baron, but we shall only notice that which was actually adopted. The object was to remove a flap of sufficient size from the neck, apply it to the gap, and retain it in its new situation by the twisted suture. The operation was performed on the 31st of August.

Having traced with ink the dimensions and form of the flap, which he determined to procure from the lateral, superior, and steno-cleido-mastoidean portion of the neck, M. Dupuytren dissected it off, taking care not to wound the jugular vein. The edges of

the excavation having then been pared, the flap was twisted on the narrow band that still connected it with the parts in the neck, the edges placed in apposition with the newly-pared ones of the opening in the cheek and lip, and both retained in due connexion by the employment of the twisted suture in five places. The sides of the integument in the neck were also reunited by three sutures, two little arteries which poured out their blood were secured, and no other dressing was employed. The operation was one of much delicacy, and occupied a considerable time, but the little patient bore it with great courage.

All went on favorably till the 2d of September, on which day the flap had not lost its vitality, but was even suppurating at one or two points of its circumference. In the night, however, of the 2d or 3d of September, restlessness and delirium supervened, and the patient tore away one of the needles which united the edge of the lower lip with the anterior portion of the flap. A separation between the two for an inch in length, and half an inch in breadth, was the consequence, and adhesive straps were applied by M. Dupuytren to bring the parts together. Next night, the fever and delirium continuing, a second needle, uniting the base of the lip with the inferior anterior portion of the flap, injured and tore the parts, which in the morning appeared to be slightly sphacelated. Nevertheless, the flap did not die, but had by this time contracted solid adhesions above and behind. On the 4th, M. Dupuytren removed all the needles, and maintained the ne-



cessary degree of apposition by adhesive straps. On the 5th, the unfavorable symptoms had disappeared, and the flap adhered extensively and firmly, though portions furnished a little suppuration. The laceration in front became a simple hare-lip fissure, which might be, and in point of fact very shortly was, treated by the usual operation for that deformity by M. Dupuytren. It failed, however, in consequence of smart hemorrhage and consequent disturbance of the dressings occurring on the following morning, and the hare-lip of course continued. On the 12th of October, the union of the flap and neighboring parts was perfect at all other points; its vitality was also perfect; the wound in the neck was quite cicatrized; and, as the surgeon thought that the patient would be better able to undergo the hare-lip operation when his system had been invigorated by time and fresh air, he was dismissed the hospital, and ordered to return at a future opportunity.

Had it not been for the accidental violence inflicted on the lip, it is more than probable that the union of the flap with the neighboring parts would have been complete. As it is, the diminution of the deformity in this poor child must be considerable, and the results of the operation are calculated to encourage the surgeon in the application and extension of the rhinoplastic operation to many cases, in which its performance is at present never dreamt of.—*Journ. Hebdom.*

### III.

#### HEMORRHAGE FROM SLOUGHING ULCERS IN THE THROAT.

*From the London Medical Gazette.*

SIR,—In a late number of the Gazette, you published a very interesting case, in which the common carotid artery was tied, by Mr. Luke, for the suppression of a dangerous hemorrhage from the throat, and, in the London Medical and Physical Journal for Dec. last, Mr. Mayo published a case in which the patient was apparently rescued from death by a similar operation. I trust that it will not be supposed that I wish in any way to detract from the merit of these successful operations, in requesting you to give publicity to the following cases, in which most alarming hemorrhages were suppressed without having recourse to the ligature.

Wm. Stennet was admitted into Lazarus's ward, Oct. 9th, 1829, in a very debilitated state, with a large sloughing ulcer occupying the whole of the back of the fauces, and extending to the edges of the soft palate and uvula. He stated that, at the latter end of April, he was affected with an ulcer on the inner membrane of the prepuce, near its junction with the corona glandis. The sore was not excavated, but, notwithstanding, was very hard and red at its base. He took some mercury, and the sore skinned over without his mouth being affected. About the end of July, a bubo appeared in each groin, which suppurated and burst spontaneously. On the 27th of Sept., his throat became sore, and gradually got worse until he was admitted into the hospital. At this time there was an open sinus

in the groin; the cicatrix of the original sore was hardened; and, in addition to his sore throat, there were several dark-colored tubercular eruptions on his forehead. He was in so weak a state that mercury was not at first resorted to. He was ordered a very strong preparation of the red Jamaica sarsaparilla three times a day, and the throat was painted over with the linimentum æuginis. He was also directed frequently to wash the throat by throwing a stream of water from an elastic gum-bottle upon the ulcer, while he held his mouth open over a basin,—a simple plan of cleansing a throat, which I have found far more efficacious than gargling.

On the 21st, as he did not appear to gain any ground, and the sloughs were deeper and very extensive, and his stomach rejected the sarsaparilla, he was ordered Quinæ Sulph. gr. ij. ter die ex infus. rosæ. Vini. Rubr. Oss. quotidie, and a strong solution of Nitrate of Silver was applied to the throat.

23d.—His general health was improved, but the sloughing still extended. He was ordered to fumigate with cinnabar night and morning. The second application produced such violent bronchial irritation that it was necessary to bleed him, and to desist from the fumigation.

By the 27th, he had recovered from the bronchial affection, and his throat was much cleaner. The pure nitrate of silver was applied over the surface; milk and arrow-root diet, and sarsaparilla, were again resorted to, and he was removed into a clean ward. His general health improved, his throat began to granulate, and he

was apparently going on well until the 25th of Nov., when the remaining portion of the uvula sloughed away, and the whole of the fauces again assumed a very threatening aspect. As the local application of the mercury had before benefited it, the lotio flava was directed to be applied to the throat; and he was directed to take Hydr. Oxymer. gr. 1-8 ter die.

On the 4th of Dec., as the throat was not improved, he was again ordered to employ the fumigation, with greater precaution than on the former occasion. During the night, he felt a peculiar sensation in his throat, requiring him frequently to swallow. At 4, A.M., he vomited up nearly three pints of blood, and became alarmingly faint. The house-surgeon, Mr. Chapman, was sent for, who ordered him Plumbi. Acet. gr. i., Opii gr. ss. 4tis horis, and directed him to take everything quite cold. The bleeding did not recur before I visited him, at half past 12. He was then in a most alarming state; his pulse so feeble that it could hardly be distinguished, and his whole body bathed in a cold clammy sweat. It was quite obvious that a recurrence of bleeding must prove speedily fatal. I had just heard of Mr. Mayo's successful operation, and should have been disposed to give the patient the chance of success from the same means, but it was quite impossible to determine from which side the bleeding took place, so very extensive was the sloughing in every direction. Under these circumstances, he was directed to take Alum gr. x., ex Inf. Rosæ 3iss. c. acid. Sulph. dilut. M. x. et Træ. Opii M. v. 4tis horis.

He was kept in a state of the greatest quietude; fed entirely on iced fruits and milk, and most narrowly watched. Without detaining your readers with too minute a detail of the case, suffice it to say, no return of bleeding took place. In a week he was much recovered in his strength, though very feeble. As the throat was still in a very bad state, and the sores on his head were spreading, the nurse was desired to rub Ung. Hyd. fort. 3i., night and morning, into the axilla. The mercury speedily began to have a most beneficial effect; the sores gradually improved, and are now nearly healed; his strength and general health have also improved in proportion. He has since left off the mercury, and has resumed the sarsaparilla.

I have stated that I should have been induced to have tied the trunk of the lingual, or the external and internal carotids, in this case, if it could have been clearly ascertained from which side the bleeding took place. I need hardly add, that, if such an operation had been performed, and the patient had recovered, it is probable that the recovery would have been attributed to the employment of the ligature. It is on this account that I think it due to the profession to publish the case; at the same time, I wish it to be distinctly understood, that I do not pretend to offer an opinion respecting Mr. Mayo's or Mr. Luke's cases. I am desirous of taking this opportunity of concurring in opinion with Mr. Mayo in the propriety of tying the external and internal carotids separately, in all such cases as may require the ligature of these vessels; but I should prefer tying the trunk of the lingual where such an

operation could be effected. In Mr. Luke's case, it is obvious that the circulation continued through the bleeding vessel, as several slight returns of arterial hemorrhage took place. It is probable that, in this case, if the force of the heart and arteries had been greater, the operation would have failed, from the collateral circulation.

A case, in every respect similar to Stennet, occurred in Sewall's ward, in the autumn of 1828. In this case, a young, very delicate female, had repeatedly extensive hemorrhage from foul ulcers occupying the whole fauces. The bleeding was successfully arrested by the same means as were employed in Stennet's case,—namely, large doses of Sulph. Aluminis in infus. Rosæ, and feeding the patient on iced milk and fruits.—I am, Sir,

Your obedient servant,  
H. EARLE.

#### IV.

##### SEVERE LACERATED WOUNDS.

*The Arm torn off, requiring Amputation at the Shoulder Joint.*

A BOY, 12 years of age, met with this severe accident by the rope of a coal pit breaking through, which, in its full swing, severed his left arm from his body, two inches below the acromion process.

On examining the stump, the muscles were found extensively lacerated; there was a long piece of the biceps hanging loose, the ligament of the deltoid muscle torn away, and the inner muscular layer separated from the shaft of the bone, which was splintered up an inch or more. This precluded the possibility of saving the head

of the humerus ; it was therefore determined, in consultation, to amputate at the shoulder joint. On examination of the separated extremity, the length of the ruptured nerves was very remarkable—it was evident they must have been torn from their foramina in the cervical vertebrae ; but it was widely different with the arteries, for they gave way at the point of muscular laceration. The integuments presented the lineal evenness of a knife incision. There had been no hemorrhage ; still, however, the pulse was barely perceptible ; the feet and hands were cold, and he was at intervals restless and faint. He had no recollection of the accident, and could not, without some difficulty, be roused to give a coherent reply. Upon the whole, he was in a very unfavorable state for an operation of such magnitude. I preferred, therefore, postponing it till the following morning, and ordered warm brandy and water, tea, and milk, to be taken as diet, and 20 drops of laudanum at bedtime. A tourniquet was applied over the artery.

The following morning (May 17th) he was much changed for the better ; his pulse was good, although there had been considerable hemorrhage in the night. He was not yet fully aware of the nature of his accident, but said "his finger was gathering," which had been the case previously.

The artery being compressed against the first rib, the operation was conducted after the method practised by Baron Larrey, excepting that flaps were made by dividing the integuments with the scalpel, with the view of bringing the edges into closer apposition, which accordingly it enabled me

to do. It renders, in my opinion, the external union very neat ; and by the rapid and perpendicular division of the anterior and posterior muscles with the catline, much pain is saved, and accurate adaptation of surfaces ensured. This, I conceive, constitutes the superiority of the Baron's method. The division of the capsular ligament and tendinous attachments was finished also with the scalpel ; and it may not be superfluous to mention, that the edge of the glenoid cartilage was taken off with uvula scissors, and the synovial membrane rasped from the surface of the glenoid cavity. Very little blood was lost during the operation, which I completed in about twelve minutes ; but when pressure was taken off the subclavian artery, the vessel began to bleed slowly ; a ligature was therefore applied to it, as also to a second, which bled rather freely. Firm pads were then fixed, to support the anterior and posterior flaps, and the stump dressed in the usual manner. The patient being put to bed, a little wine and twenty drops of laudanum were given. Light milk diet was ordered.

On the second day (May 18) I found him very uneasy ; he had been all night in a state of high fever, with delirium, pulling all the bed-clothes off his bed. Pulse was 130, strong, and vibratory ; tongue furred, and very dry ; great thirst ; no sickness ; bowels costive.

He was ordered infusion of senna and salts to purge the bowels freely, and grs. v. of Pulv. Antimonial. every three hours afterwards.

During the succeeding eight days the fever ranged very high, insomuch that I found it necessary

to bleed him on the 22d. On the 25th an abscess formed at the inferior angle of the scapula, which was opened on the 27th. Opiate draughts were given every night, and at any time, when in much pain, with great relief to the irritative fever. After which the sulphuric acid, bark, and wine, with an occasional purgative, constituted the internal treatment. Under this plan the wounds healed, and he was quite well one month from the day of the operation.

*The Arm and Scapula torn off by a Steam Engine.*

A boy, 11 years of age, was playing with the chain attached to a steam-engine, which passed over pulley wheels of large size. His arm became entangled, and was drawn in under the frame. The engine continuing to work, the whole extremity, together with the scapula, was detached from the body at the same instant. It appears probable the poor lad attempted to extricate it with the other hand: this also was drawn in.

The ulna was fractured, and the arm severely lacerated. The hemorrhage was not great, and the pain comparatively trivial, as he was able to walk from twenty to thirty yards to his father, and told him of his accident; and whilst speaking, fell down in a state of syncope. On examination of the shoulder and back, in addition to the loss of the whole superior extremity, with the scapula, a considerable part of the trapezius, latissimus dorsi, and rhomboid muscles, was removed. Thus a very extensive wound was produced; but, fortunately, the integuments which remained were nearly sufficient to reflect upon

the parts denuded. As might be expected, the boy lay for about two days in a state of great exhaustion, which was followed by correspondent irritative fever, and large suppurations; but by the use of tonics, and the free employment of opium in large doses, the boy's constitution rallied, the wounds healed, the fracture of the remaining arm united, and, in about three months, the cure was completed.

*Note.*—Both these patients are now in good health, and are being instructed to read and write; in which latter study they have made much progress.—*Ib.*

## V.

### STETHOSCOPIC DIAGNOSIS OF PREGNANCY.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—In a late number of your Journal I read with much interest an article upon the "distinctive signs of pregnancy." The paper which I send you contains some facts relative to the same subject. In it, most of the statements which were made in the article alluded to are verified, and some other phenomena are mentioned which I have not seen noticed, except in some French publications, and which I believe are not familiar or generally known to the profession here. M. Kergaradec and one or two other French physicians have stated that, by means of the stethoscope, they can hear with ease and certainty the pulsations of the heart of the foetus, and also the sound produced by the circulation of blood through the placenta. It was to test the truth of this state-

ment that I made the observations, a summary of which is contained in the following communication.

Since the 18th day of last October I have had an opportunity of examining, at the House of Industry, sixteen females who were pregnant and had been so from four to eight months. Eleven of these have been delivered, each of a healthy child, and five yet remain to be confined. I will here observe, that one of the last named number was laboring under the venereal disease in its worst form when she entered the institution, and that she was kept under a free salivation from mercury for more than a week, without any injury happening to the child so far as it can now be ascertained. The child is at the present time (March 13th) evidently alive. The ages of these females varied from 17 to 38 years. Some of them were naturally quite robust and fleshy; others were thin and delicate. They all experienced most of the symptoms which are described by authors as indicative of the existence of pregnancy. These I shall omit describing in this article, because many of them were known only to the female herself, and had passed away previous to the time my observations were made.

The examinations which I made were "external" and "internal;" and, with three exceptions, the females which were the subjects of them had already entered or passed the seventh month of pregnancy. In examining externally I employed the senses of sight, touch and hearing; internally, or per vaginam, the sense of touch only could be employed. The abdominal tumor in these in-

dividuals varied considerably in size and general conformation at the same periods of pregnancy. In some it was very large in consequence of the quantity of liquor amnii which the uterus contained, or in consequence of the individual being very fleshy, or the child very large. In others it was comparatively very small, from opposite causes. There was also some difference in the conformation of the abdomen, in these females. This was most apparent in those that were thin of flesh. In these, and particularly if the womb contained but little liquor amnii, one part of the abdominal tumor was more projecting and uneven than another. This was owing to the local situation of the *fœtus*, and was most strongly marked during the last month of utero-gestation. In applying the hand over the abdomen, the form and volume of the uterus could in each individual be distinguished and bounded; and in most cases it was easy to determine in which part of the womb the *fœtus* principally laid. In those that were unusually fleshy this was sometimes difficult; but in those whose abdominal walls were thin, it was easily effected. In the last named class, particularly in the last month of pregnancy, the solid contents of the uterus could with greater or less ease not only be distinguished, but its different portions could be traced and limited. In two instances the child could be so easily and readily felt through the thin parietes of the abdomen, a short time before labor occurred, and during its existence, that I ventured to predict the kind and character of the approaching presentation,—which prediction proved, in the issue, to be true. The following is an ex-

tract from my notes of one of the cases alluded to. "I find that the fundus of the womb projects considerably, and that its projection is greatest a little above and a little to the left side of the navel. The abdomen is evidently most distended on the left side of the linea alba. On pressure, the left portion of the womb is much more resisting than the right portion, and on moving the fingers along from the symphysis pubes, round the superior boundaries of the pelvis, up to the ribs on the left side, I can, I think, distinguish quite accurately the position and different portions of the child. Just above the pubes I feel a hard, inelastic tumor, which I can trace partially round the left iliac fossa, and which corresponds to the size of the head of a fœtus. I can trace its boundaries until the fingers reach a point opposite to and nearly on a line with the inferior-anterior-spinous process of the ilium. At near this point my fingers gradually sink down under the same degree of pressure, but rise again after a course of an inch or two, and in carrying them in a curvilinear direction to the fundus of the uterine tumor, I am sensible of their passing over a solid and resisting surface of large dimensions, which I conclude may be the body of the fœtus. On a level with, or a little above the umbilicus, this tumor appears to be rather more firm and resisting than in the lower portion of the umbilical region; but no part of the uterine tumor which is situated above the pelvic cavity is so hard and unyielding as the rounded portion that is situated low and immediately in it. In moving my hand from the left to the right side of the abdomen, I

observe that the resistance of the tumor becomes less, and that the fingers gradually sink down under the same pressure. The portion of the tumor to the right of the median line is, in fact, quite soft and yielding. The fingers sink deeply into it, and the only resistance which they meet with is that which would naturally be communicated by the liquor amnii, and the distended and separated fibres of the abdominal muscles. All these phenomena were observed while the female was laying on her back, and they varied but little in their position when she turned from her back to her side, or from side to side."

After having examined the patient with the stethoscope, I was led, from all the examinations that I had made, but more particularly from those made by the hand, to form the following diagnosis as regards the solid contents of the womb. "From the conformation of the uterine tumor, and from the variable resistance which it offers to the touch, I conclude that the child occupies more of the left than the right portion of the uterus. The head of the child is lowest, and is directed diagonally across the pelvis. The occiput is opposite the acetabulum of the left side, and the os frontis is directed towards the sacro-iliac symphysis, or vice versa." About six hours after this examination was made, labor pains came on, and in three hours more the woman was confined. The diagnosis which had been given proved to be a correct one, for the head of the child presented, and, as it was passing through the upper straight of the pelvis, I ascertained, by examination per vaginam, that the os frontis was



towards the sacro-iliac symphysis, and the occiput opposite the left acetabulum.

In a majority, and I think in nearly two thirds of the cases that I have examined, the child occupied the left portion of the womb. In about one fourth part of the cases, the solid contents of the womb were evidently situated in the right side of that organ. And in one or two instances, the child appeared to lay crosswise in the womb until labor pains commenced. I have just examined a female who is near being confined, and I find that the child extends across the womb, the head being in the left portion of the organ, and the feet and knees, judging from the angular projections that I feel, occupying the right and lower portion of it. While making these examinations, I frequently observed the uterus to contract under the hand, and to cause some pain to the patient. It was in the last month of pregnancy, and just previous to the commencement of labor, and even during it, that these examinations were most satisfactory. When this method of examination is employed at this epoch, and particularly on these persons, many valuable and useful indications may be derived from it.

In applying the stethoscope over the womb of these individuals, I have heard in each two peculiar sounds; the one quick and rapid, resembling in some respects the ticking of a watch,—the other slow and prolonged, resembling the sound of a bellows. The former corresponded in every respect to the one which Kergaradec supposed to proceed from the action of the foetal heart, and termed by him “the pulsation of

the heart of the foetus.” The latter answers exactly to that which this author has termed a “simple blowing pulsation,” or “placental sound,” and which he supposes to arise from the placenta during the circulation of blood through it.

In every one of the sixteen individuals that I have examined, I have heard distinctly and could count the pulsations of the heart of the foetus. In about two-thirds of the cases, these pulsations were loudest and most distinct on the left of the linea alba, and in the left side of the womb. In a minority of the patients, the pulsations were most distinct in the opposite side of the womb and median line of the abdomen; and, in two or three instances, they were most audible immediately under the linea alba, and at the distance of two or three inches below the umbilicus. In which side soever of the womb or of the median line the child was, by the sense of touch, found to be situated, in that the pulsations of the foetal heart were, in every instance, most audibly and extensively heard. In most instances, I experienced no difficulty in detecting these pulsations;—when the woman was very fleshy, however, or when the uterus contained an unusual quantity of liquor amnii, I was obliged, in order to recognise them perfectly, to press the instrument with considerable force upon the abdomen, and to command perfect silence in the room. With these precautions, I have never failed in hearing the heart's action whenever I have examined for it, and in being able to number its pulsations. The noise produced by the friction of the clothes, by the peristaltic

motions of the bowels, or by some sudden muscular contraction of the patient, would indeed render them obscure for a moment, but it was only for a moment. The action of the fœtal heart resembles, in all respects save in frequency, that of the adult heart, and cannot be mistaken even by the unpractised ear. In the language of my notes written at the bedside, "the action of the fœtal heart is characterized by two sounds or pulsations; the pulsations are loud and clear, and those of the ventricles can be plainly distinguished from those of the auricles, almost as much so as in the adult heart. There is the gradual and deep sound of the contraction of the ventricle, which is immediately, and without interval, followed by the clear and valve-like sound of the contraction of the auricle;—a momentary rest of the organ now follows,—then occurs again the gradual and deep sound of the ventricle, followed by the clearer and sharper one of the auricle. There is no evident impulse communicated to the instrument by these pulsations, nor do I discover that the motions made by the mother in turning from side to side cause any variation in the pulsations of the fœtal heart. They continue to be regular and uniform during these movements, unless some convulsive motions of the fœtus happen at the same time, in which case they increase in rapidity."

The space over which these pulsations could be heard, their number, and the point of elevation in which they were strongest and most distinct, varied in different individuals and at different months of pregnancy. Generally speaking, they were audible over a

space of seven or eight inches long, and five or six broad. In some, I have heard them from the groin to the navel, and even beyond it; and from the superior spinous process of the ilium of one side, to within two or three inches of that of the opposite side. In others, they were limited to an area of four or five inches. Their number varied from 118 to 155 in a minute, in different females and at different periods of gestation. In the earlier periods of pregnancy, they were more frequent than in the later periods. They are generally uniform and regular in their succession and number, but, when the child moves suddenly, or when any convulsive motions take place in its limbs, then the action of the heart becomes so rapid that it is difficult, and sometimes impossible, to count its pulsations. The spot where the pulsations were most audible, particularly during the last month of pregnancy, and under which the heart was most probably situated, was generally about three inches from the navel, on a line extending from it to the middle of the groin. This spot, however, varied in its situation in the different months, and when the patient turned from side to side.

The earliest period at which these pulsations were heard by the French author, was the sixth month; but I have heard them earlier than this. The first time that an opportunity occurred to me to examine the womb of a pregnant female with the stethoscope, was on the 18th day of October last. This female then told me that she had then gone just four months and a half with child. She dated her conception

from the first day of June, and insisted that she could not be deceived in the date; for she declared that she had not for some time previous to, nor since, "*Artillery Election day*," had illicit intercourse with any man. Soon after her celebration of this day, she began to experience the signs common to conception. The menses, which always appeared in the middle of each month, had not taken place since the 15th of May. About the middle of September, she experienced what she called the quickening. On the 18th of October, the pulsations of the foetal heart were distinct and audible through the instrument, and amounted to 155 in a minute. My examinations of this individual were frequently repeated until she was confined, and during every one of them I could hear, with greater or less facility, the action of the foetal heart. This woman was confined on the 10th day of February, and, consequently, *twenty days* earlier than she ought to have been, according to her own reckoning. If it was true that she conceived on the 1st day of June, as she was sure she did, then the pulsations of the heart of the foetus were heard and counted as early as between the fourth and fifth month of pregnancy; or, supposing that she was mistaken in the date of her conception, and that she actually carried her child the full term of nine months, even then the facts above stated show that the pulsations of the foetal heart were heard at the expiration of *five months and eight days* after conception had taken place, which is about a month earlier than noticed by Kergaradec. This is the earliest period that I have

heard, or have had an opportunity of examining for the foetal pulsations; but, from the ease and distinctness with which I heard them at the period just stated, I doubt not but that they might have been detected much earlier. I have already observed that these pulsations preserve the same character at the different periods of pregnancy,—I will further observe that they continue to be heard even during labor, and during the strongest contractions of the womb. Their number and regularity are the same, so long as the body of the child is in the womb; but, immediately after it passes from that cavity, they are no longer to be detected over the abdomen.

Besides the stethoscopic phenomena now mentioned, I have heard, in most, but not in all of the cases stated, the "simple blowing pulsation" described by our French author, and which he denominates the "placental sound." The region in which, and the space over which, it could be heard, varies in different individuals and at different periods of gestation. I generally heard it more audibly in the upper and anterior portion of the womb, and almost always in a part of the organ opposite to that in which the foetal pulsations were heard. If these were observed on the left side of the linea alba, then the placental sound was usually to be discovered on the right side of this line, and vice versa. In one instance, the sound proceeded from the lower part of the womb, near the pubic region; and, in a female yet to be confined, the sound can be heard on each side of the fundus of the womb, but cannot be distinguished in the

central and most projecting part of it. In this last case, the placenta is probably attached to the upper and back part of the uterus, having the child immediately in front of it. The place of the placental sound was, in some cases, limited to three or four inches in extent; in others, and particularly in those whose abdomen was much distended by the waters of the ovum, the space over which it was audible was many inches in diameter.

The character of this sound is peculiar. It assumes, during the course of pregnancy, as Laennec has observed, all the characters of the bellows-sound. About the commencement of the fifth month, which is the earliest period that I have had an opportunity of hearing it, the sound was characterized by a sort of rushing or rasp-like noise, not unlike that produced by the action of a small file upon a thin soft board. Later in pregnancy, and during the eighth and ninth months, at which period I have heard and examined it most frequently, it is duller, and resembles very closely the sound produced by the blowing of a pair of bellows. This comparison, however, does not convey to the mind a perfect idea of the sound: it has more of a swelling tone or character, if I may so term it, than that produced by a pair of bellows: it resembles the noise of a broad dense flame, which is produced by the wind from a large pair of bellows, more than it does the simple issuing of the air from the bellows itself; or perhaps it still more perfectly resembles the noise of water as it is forced from the hose of a fire engine. This sound is always isochronous with the pulse of the

mother, and varies in number and character with it. It increases and dies away in unison with the dilatation and contraction of the artery at the wrist, and its intensity was always the greatest at the moment that the impulse of the artery was greatest.

The placental sounds were always heard in the same part of the womb in the same individual, and were uniformly distinguished by the same peculiarities until the commencement of labor. But during the labor pains a new phenomenon takes place in regard to them. At the moment the pains occurred and the womb began to contract, I observed that the placental sounds became less sonorous and gradually died away as the pains increased, and finally, when these were most acute and the contraction of the uterus was greatest, they for a moment completely disappeared. When the pains are light and the contraction of the womb but partial, the placental sounds become less diffused and audible, but do not cease entirely. They diminish in intensity in proportion as the degree of pain and uterine contraction increases. As the pains cease and the uterus relapses again into its previous quiescent and dilated state, the placental sounds assume their accustomed character, and during the intervals of pain they vary in no respect from what they were before labor commenced. These phenomena I have heard repeatedly, and during many successive contractions of the womb. I have heard them in six different cases, and I want no other proof to convince me that the "simple blowing pulsation," or "placental sound" now described, proceeds from the placenta. But there are

further proofs of this. The moment the child is born and the cord ceases to pulsate, the placental sound is no longer heard; and, in two cases, I have immediately, on the birth of the child, and before the cord was divided, passed my hand into the womb, and ascertained that the placenta was attached to that part of the organ from which the sound proceeded.

It is said that the placental sounds can be heard as early as between the third and fourth month of gestation, and immediately after the uterus has risen above the pelvis. The earliest period at which I have had an opportunity of examining for them, was the last of the fourth, or the commencement of the fifth month. They were audible at this period. They were occasionally intermittent, and could not during every examination be detected, until the last few weeks of pregnancy. During the ninth month I never failed hearing them distinctly whenever I searched for them. The friction of the clothes against the instrument, the noise made in the room, and the rolling of the intestines, would now and then overpower the sounds of the placental pulsations—but only for a short time. The moment these accidental causes were removed, the sounds would become as distinct and audible as ever.

In making the "external" examinations now mentioned, the female was made to lay upon her back, and to be lightly covered with clothes. The position of the patient, however, was often changed. Sometimes I made my examinations whilst the female was laying on her side,—on her face,—and whilst standing erect,

—without, however, observing any very material variation in the situation or character of the stethoscopic phenomena.

I have never been able to hear the foetal or placental pulsations by applying the stethoscope over the loins or sacrum, or over the back part of the abdominal walls. To ascertain the state of the womb by manual pressure, I usually commenced my "searching operations" at the symphysis pubes, and, from this point, I cautiously carried my fingers over every part of the abdomen. In using the stethoscope, I usually applied it, in the first instance, over the navel, so that this organ should be included within the open end of the instrument. From the navel, I moved it in every direction over the abdominal cavity. Proceeding in this manner, it was easy to discover in what region of the womb the pulsations were located, and the exact point where they were strongest and most powerful. Generally speaking, all these examinations may be made with as much facility as those of the chest can be, and with as little exposure of the patient, and without necessarily offending the delicacy even of the young and sensitive. Occasionally, however, in order to convince myself that I was not mistaken in the character of the sounds which I heard, I have been obliged to expose a part of the abdomen sufficiently extensive for the application of the instrument. But, in most cases, this was unnecessary. The phenomena were easily distinguishable through a simple covering of clothes, as a sheet, for instance. The covering, however, should be of linen or cotton, and, to pre-

vent any noise which might arise from friction, I have found it useful to moisten the part of the covering over which the instrument was to be applied, or to dip the end of the instrument in water previous to its application. Either of these precautions will generally render any exposure of the abdominal surface entirely unnecessary.

From the "internal" examinations, I have observed nothing in these cases which has not often been noticed and described. The neck and mouth of the womb, in the individuals that I have examined, were observed to pass through the same changes as described by most writers on midwifery, and which have been lately happily and truly delineated by Dr. Gooch in his late work, and alluded to in your Journal. The balancing of the fœtus in the liquor amnii was frequently observed during the last three months of pregnancy. By forcing my fingers suddenly against the mouth or the thin walls of the uterus, when this organ was much distended with the waters, the fœtus could be made to rise up in them, and to fall against the fingers with an apparently rotatory motion. The impulse communicated to the child, by falling upon the fingers, would cause it to make many strong and rapid motions with its limbs, which were very distinctly felt by the hand, which was placed externally over the uterine tumor. In females whose womb contained but a slight quantity of liquor amnii, this balancing of the fœtus could not be observed. The whole womb could be made to rise up, but the peculiar balancing of the child within it was not evident.

The following inferences may justly be drawn, I think, from the preceding observations :—

1st. By means of the stethoscope it can generally, and perhaps always, be easily ascertained if the woman be pregnant with a living child ; and whether she be pregnant with one or more living fœtuses.

2d. By means of the same instrument the situation of the placenta can be determined, whether in the fundus, side, or over the mouth of the womb ;—and—

3d. The situation of the child in the uterus may be distinguished, and the character of the presentation at birth may, at least in some cases, be foretold by means of external manual examinations.

A knowledge of the foregoing facts is important, on many accounts,—first, *in regard to the individual herself and her family.* The character and happiness of a female, and that of her family, not unfrequently suffer from false and unjust suspicions of her being with child. It is but a short time since, that two of the faculty of a neighboring county were called upon to decide the case of a trembling female, who had been accused by her friends of being pregnant, and who had been threatened with vengeance in case she proved to be. The opinion of the physicians was that the girl was pregnant, and was as far advanced as the seventh month. The wretchedness of the girl was now complete, although she continued to protest that she was not and could not be in the state that she was supposed to be. Time, however, proved the innocence of the girl : the case was that of dropsy, arising from a diseased

liver. Had the stethoscopic signs of pregnancy been familiar to these medical gentlemen, their opinion of the case of the female now alluded to would unquestionably have been different.

In the second place, *in regard to the physician himself*. He is frequently called upon to decide, as in the case just related, whether a woman is with child, or whether her symptoms and appearance are the result of some organic derangement. His decision is evidently of great moment, because his course of treatment would be governed by it. Cases have happened in which the operation of tapping has been resorted to, where the case was that of pregnancy instead of dropsy. If the female is pregnant with more than one child, or if the placenta should be attached to the mouth of the uterus, which I think may be determined by auscultation, then he can take early advantage of the circumstances, and may be the means of saving the woman much pain, and perhaps of preserving her life.

In the last place, a knowledge of these facts is important *in a medico-legal point of view*. Many legal decisions, involving large amounts of property, and affecting the character and even the life of persons, may depend upon the fact of a woman's being or not being with child. Now there are, perhaps, no signs, except those furnished by the stethoscope, which can be given, in courts of justice, as unequivocal evidences of the existence of pregnancy. All those commonly described as indications of this state, may be the result of organic disease, and of causes foreign to the state of pregnancy.

The stethoscopic phenomena which I have described, when they exist, must be considered as sure and unequivocal proofs of the existence of pregnancy; for they cannot be simulated by any other sounds which can take place in the womb.

The facts and observations which I have now hastily thrown together, will, I hope, so far attract the notice of my medical brethren, as to induce them to engage in a series of examinations like those described. Much important information, I doubt not, might result therefrom, and many facts be established which might be of great value to the Faculty and to the public. Yours, &c.

J. D. FISHER.

*Boston, Hayward Place,  
March 18, 1830.*

## VI.

### THE HOSPITAL SURGEONS OF PARIS.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—I enclose a letter recently received from a former pupil of mine, now in Paris. Such parts as relate to the Hospitals you are at liberty to publish in your valuable Journal, if you think them of sufficient interest.

Yours, &c.

\* \* \*

*Boston, March, 1830.*

At the Hospitals here, there is little that is interesting going on at present. At the Hôtel Dieu, Dupuytren begins his visit at daylight, after which he gives a lecture, and has operations. He is an admirable lecturer, and has the art of making the most trifling subjects interesting. He is a man about 55, I should think, or upwards, strong muscular fig-



ure, with a fine intelligent countenance, and with grey hair. At the hospital, he always wears a white apron of coarse cloth. The principal operation I have seen him perform, was for the stone, upon a child about three years old. He introduced a full-sized sound, with a large groove, and having a large probe extremity, into the bladder, and then, with a sharp-pointed bistoury, he made a transverse semilunar incision about three lines above the margin of the anus. He then introduced the concealed gorget, and afterwards a pair of forceps, with which he immediately withdrew a stone of large size. The whole operation was performed in an inconceivably short space of time; the child appeared to suffer very little during or after the operation, and was perfectly well in a few days. It was the third operation he had undergone.—Rather a singular operation Dupuytren performed the other day, was trepanning the os humeri below the insertion of the deltoid muscle, for disease of the bone.—Dupuytren, in his visits, uses the most endearing epithets, as *ma belle fille*, *mon bon garçon*, etc., but he is excessively irritable, and, if they do not answer quick enough, or give unsatisfactory answers, he abuses them at a great rate.

At La Pitié is Lisfranc, the rival perhaps of Dupuytren, or second only to him in operative surgery. He is a much younger man than the former, tall, handsome, and of a more commanding figure, with an expression slightly sarcastic. In addition to the apron, he visits and lectures in a black night-cap. He is much admired as a lecturer;—his hours

are the same with those of Dupuytren, with whom he is at sword-points, and whom he does not spare in his lectures. As I have attended the lectures of the former, I have heard him only once or twice;—I saw him cut off a leg, which he did with wonderful dexterity and expedition. The rapidity with which they all operate, is the most remarkable feature I have observed in the French Surgery. It is perhaps owing to the facility of constantly pursuing dissections here, to their devoting their lives to one branch of the profession, and to the number of operations they are called to perform: whether, after all, it is consistent with the safety of their patients, is a thing which I greatly doubt.

At the Hospital Neckar, Civiale has generally two or three patients upon whom he operates, every Saturday, for extraction of the stone through the urethra. He is a young man, I should think about 35, has a very pleasant intelligent countenance, and appears to be a perfect gentleman. He seems to be the particular favorite of the Americans, and is followed almost exclusively by an American class.

From the Hospital Neckar, we usually go to La Charité, where Boyer and Roux operate. Boyer looks like anything but a great man. He is a fat square figure, and, in his old coat and bloody apron, might be taken for a hog-killer. He operates most generally for fistulæ in ano. He appears to possess a great deal of humor, is very fond of gossiping with the students, generally sits a long time talking with them after the visit, and will keep the class laughing for an hour, in a

lecture on fistulæ.—Roux is about 30: he is said to perform many operations with great dexterity; I have seen him only once. He then performed the operation for brachial aneurism. He put a roller of linen between the artery and the ligature, in the manner recommended by Boyer. Boyer, by the way, has lately performed an important operation,—the extirpation of a large portion of the rectum,—an account of which you have probably seen by this time.

At the School of Medicine, Orfila is the most popular lecturer. The doors are opened half an hour previous to the commencement of the lecture, and, half an hour before this, they are surrounded by hundreds of students, in defiance of the cold. At last the doors are opened, and the crowd rush forward with all their might, overthrowing and trampling down some, and squeezing the breath almost out of the body of the others. I attended his lectures at first, when the throng was not so great, and wished much to continue, but I found it impossible to get a place near enough to hear him. He is a very animated lecturer, and speaks with great rapidity. His lectures on the application of Chemistry to Medicine and the Arts, are among the most useful here. He is rather a young man, extremely handsome and graceful.—The Professor of Anatomy, Cruveilhier, is a young man, not as yet a very popular lecturer, though he appears to me to be a very fine one. He has a somewhat singular method, though I think an interesting one. For instance, he described the vertebræ, and then pointed out the similarity between the skin and a vertebra.

He lectured first upon the scapula and the muscles connected with it; then compared it with the os ilium, and demonstrated the latter with the muscles belonging to it; then the os humeri, the os femoris, etc.—The prodigality with which subjects are used for demonstration is striking. C. has generally two subjects for a lecture, and seldom uses the same twice. The first day of his lecture he wished to show the ligaments of the spine, with the connections of this column with the head and pelvis. The whole column, with a portion of the head and a portion of the pelvis, was cut out of a whole subject, which was then divided into quarters and given up to the dissectors, with his Prosecteur M. Bérard, to employ ourselves with, till he could procure a whole subject. The ordinary price of dissecting in the Pavillion, I understand, is one franc per month; but they have the refuse subjects, after the Internes and Externes are served, and the best, having been examined, are well mangled. We engaged to pay fifty francs each per month;—for this, we were to have one whole subject a week, among five; to see the dissection of the subjects for Cruveilhier's lectures; to have a private course on Anatomy; a course on Surgery,—at which we were to see the operation first performed by Bérard, and then each operate in turn,—and to have a comfortable room, as warm as we pleased. In the pavillion they have no fire. Mons. Bérard appears to be one of the rising stars here;—he has gained most of the prizes on different medical subjects that have been given for two or three years past, and is

now a candidate for the office of Adjunct Professor of Surgery.—The minuteness with which they dwell upon every part of Anatomy is wonderful. M. Bérard has been lecturing to us these six weeks, and has just finished the bones. As he has only about ten

auditors, we have a very great advantage.

And now let me give you my sincere thanks for the advantages which you afforded me, when a pupil, at the Hospital, at the Medical College, &c. &c. \* \*

*Paris, Dec. 29, 1829.*

### SKETCHES OF PERIODICAL LITERATURE.

#### DELIRIUM CURED BY OPIUM.

A CASE is related in one of the London Journals, in which delirium arising from mental depression and the fear of poverty was cured by the exhibition of large doses of opium. As far as we can judge of the signs of the time, the anodyne mode of treating disease seems to be getting into favor. We noticed, in one of our late numbers, a new view which had been taken, by some distinguished practitioner abroad, of inflammation in general,—according to which, there was always a commencing stage of pure nervous excitement in which opium might be safely employed, and would be very likely to arrest the disease. The opiate practice in dysentery has found advocates from the time of Sydenham, and a similar mode of treatment in true enteritis has been strongly recommended by an eminent physician at the South. In delirium tremens, the true pathology of which has been so much a matter of dispute, practitioners seem to be nearly agreed in a liberal use of this remedy. One thing is certain,—that, amid the fluctuation of opinion and practice in regard to the various remedies of the *materia medica*, there is no one ar-

ticle which has so uniformly maintained its reputation, as there is certainly none for which, if banished from the kingdom of nature, we should find it so difficult to procure a substitute, as opium.

#### COMPLICATED LABOR.

A VERY interesting case is given in a late number of the London Medical and Physical Journal, in which rupture of the membranes occurred in the third month of utero-gestation, and delivery was protracted until the seventh. In the interval, several profuse and alarming hemorrhages occurred, and the discharge of the liquor amnii was almost constant. Several attempts were made to ascertain the state of the uterine contents, but the os tincæ was found almost perfectly closed. At length a severe turn of bleeding came on, accompanied with pain, which had previously been absent; examination was made, and the degree of dilatation permitted the discovery that the placenta was attached to the cervix uteri. By pressure on the part the hemorrhage was arrested, and the expulsive efforts gradually diminished. Under these circumstances it was concluded to administer the er-

got, of which a drachm was accordingly given in two doses. Pains returned with great vigor, and in twelve minutes the dilatation was so great as to induce the practitioner to make an attempt to introduce his hand and turn. The head was found presenting beyond the placenta, and before turning could be effected the pains increased, and delivery took place by the natural efforts. On examination another fetus was found presenting, with its membrane entire. This was ruptured, and the labor was concluded a few minutes after, without difficulty. The placenta of the first child was found to have been separated for about one half its area, and a considerable part cicatrized; a circumstance which seemed to account for the frequent occurrence of hemorrhage. The rupture of the membranes at so early a period does not seem to have been so fully explained.

The most interesting fact in the case, as viewed by the author, is that of the continuance of labor, after the rupture, for the period of one hundred and thirty-five days,—an event which he considers to be entirely unparalleled. The peculiar situation of the placenta may perhaps have prevented the rapid discharge of the fluid; and the remains of the membrane must have retained the power of secretion so as to supply the loss. A more important consideration suggested by the case, at least in a practical point of view, regards the treatment of cases in which a placental presentation occurs. When this exists, it is sometimes recognised by the symptoms at an early period of

gestation; it is always known very soon after the commencement of labor; and the question is, at what period, and under what circumstances, does artificial labor become proper and necessary? A patient in labor of this description, will generally be found enfeebled by previous hemorrhage; and even if this have ceased for the time, or, as in the case cited, can be restrained by pressure, it may still recur at a moment's warning, and in such quantity as to prove instantly fatal. In fact the occurrence of profuse bleeding, under these circumstances, is a necessary consequence of the relation of the parts. The dilatation of the os uteri, when the placenta is the presenting part, can take place only at the expense of their connection with each other; some of the intervening vessels must be ruptured, and hemorrhage even from this cause alone is inevitable. It is therefore a most important object that the delivery should be effected with the least possible delay. On the other hand, the practitioner feels that he cannot attempt this with any rational prospect of success until a considerable degree of dilatation has taken place; that a forcible enlargement of the orifice can only be depended on to a certain limited extent; and that the operation, if commenced at a period when it must be tedious and protracted, may involve the very hazard he wishes to avert. When the moment has arrived in which turning seems possible, he may find new arguments for delay: the labor may be rapidly proceeding; no hemorrhage may have occurred for some time; and if cautious and timid

In his character, the accoucheur may find himself more willing to place his dependence upon nature, than to interfere. That this is sometimes done safely, there can be no doubt; and it is important to observe, that no objection can be urged against it on the ground that the uterus, exhausted in common with the rest of the system, cannot act with its due vigor in expelling its contents; for experience shows that the previous occurrence of hemorrhage does not impair the propulsive power of the organ, to any considerable extent. This, then, though a negative argument, adds something to the considerations in favor of delay. After all, however, the advantage remains decidedly on the side of turning in the great majority of cases. The period at which it is to be practised must be left to the judgment of the practitioner. With regard to the previous use of ergot in such cases, according to the practice above quoted, we think it may be safely recommended. If given when the os uteri is partially dilated, but not sufficiently to admit of immediate turning, it will probably act, as in this case, by accelerating this process; and, by enabling the operator to act at an earlier period, will materially abridge the duration of the labor, and of its attending dangers.

---

#### QUININE AND THE NEW MEDICINES.

HERE, reader, is the beginning of what we apprehend you will before long hear much of.—A paper by Dr. Hancock, of Demerara, published in the *Quarterly Journal of Sci-*

ence, contains some very ingenious and plausible suggestions with regard to the almost universal substitution at present of the quinine for cinchona. He conceives that the zeal for simplification of vegetable productions, and for extracting their active ingredients, to the rejection of those which are inert and useless, has been carried farther than the reason of the case will at all justify. It does not follow, because an ingredient is inert by itself, that it can contribute no activity to the substance of which it is a component part. Certain articles exert, in combination, an effect of which separately they are incapable; and there is no reason why the same principle should not obtain in a vegetable substance containing several constituent elements differing in their chemical character.

It has long been believed that the cinchona produced its effect in intermittents through the combined agency of a bitter, an astringent, and an aromatic principle. This idea has been confirmed by direct experiment. It has been ascertained that two substances, one a pure bitter and the other a simple astringent, were separately without any efficacy in diseases of this class, but when combined exerted a decided effect.—Cullen reports trials of this kind made with oak bark and gentian, and Berzelius obtained similar results with a combination of ash bark, tormentil root, and ginger. Now quinine, as is well known, retains only the bitterness of bark without its astringent or aromatic quality; and on this ground it might be expected to be inferior to it in activity. Another

a priori argument against the virtues of quinine is derived from its mode of preparation. According to the most received formula, a tincture of the bark is first prepared, which is evaporated to an extract, and this repeatedly washed with water. By these processes it is evident that nearly the whole of that portion of the substance which is soluble in water is rejected, and nothing retained except that small proportion of which alcohol is the only menstruum. Now that some of the active principles of cinchona are soluble in water, does not admit of doubt, since both the infusion and decoction have proved successful in intermittents; the advantage therefore of abstracting this portion by the processes alluded to, is more than doubtful.

Having thus considered the theory of the substitution of quinine for cinchona, Dr. H. next challenges the testimony of experience. In the outset he maintains that the fact of the general employment of the former is by no means a sufficient proof that it is found efficacious. Of the remedies in use at the present day, there are not many which are exhibited under a preconceived notion of their *specific* effects; but those which are thus considered are very likely to be viewed with an undue degree of confidence. Not many years since an opinion was advanced and credited, that the active principle of cinchona was gelatine; and while this notion lasted, glue was found to be an excellent remedy in intermittent fever. That the pretensions of quinine are better founded, there can be no doubt; but that it does frequently

fail to produce any effect, we have ample testimony.

One circumstance worthy of remark, in regard to this remedy, is the progressing increase of the dose in which it is customary to exhibit it. When first introduced, two grains were considered as large a quantity as could be safely administered at one time; and now it is no uncommon thing to hear of four or six grain doses being taken without perceptible effect. Dr. Hancock reports two cases in which it proved inert; and although this amount of experience does not warrant any important inference, yet taken in connection with the fact that one of the cases was directly afterwards cured by cinchona, it may be regarded as of some value.

To the experience of Dr. H. we may perhaps be allowed to adjoin our own. It would be too much to say that we have never seen any effect produced by quinine, even when administered in large doses, because our memory may not be unerring. With perfect certainty, however, we can say that it has totally disappointed our expectation, in all the cases (and they are not few) in which we remember to have prescribed it. In one instance, a boy of about 13 years took 16 grs. a day, without any apparent effect, good or bad;—bark in substance subsequently restored his appetite and strength;—and it is not a week since we prescribed it in large doses to a lady, with an equally mortifying result.—These two cases are but specimens of a number which have occurred in our own practice; and they have given rise to an opinion which

we have frequently expressed to our medical friends, that there is some delusion about the efficacy of this medicine. Often have we abandoned the use of it, and as often been induced to suspect the correctness of our own conclusions, by the histories which have come to us in the Journals, of its powerful influence over disease: but these cases, we apprehend, after all, must be placed with the gonorrhœas cured by Mr. Thorn, and the hundred other diseases which have been said to vanish before the influence of new and fashionable, but, as the event has proved, powerless medicines. The explanation of all these cases is probably the same, and not perhaps exceedingly difficult.

#### GUNSHOT WOUNDS.

MR. LAWRENCE, in one of his Lectures on Surgery, notices this class of injuries at considerable length. In speaking of the various modes in which lesions of parts may occur from this species of mechanical violence, he remarks that a cannon ball may inflict a blow sufficient to cause some contusion, fracture, and even death, without actual division of the integuments, and persons to whom this accident has happened may be found dead on a field of battle, without the possibility, unless by very scrupulous examination, of determining the seat of the injury. Such as these are the cases in which the wind of a ball is said to have proved fatal; an idea which can have no foundation in fact, since a ball often carries away one of the lower extremities without producing any effect on the other,—a circumstance which could

not occur if the vulgar notion referred to were well founded.

After speaking of the treatment of gunshot wounds, Mr. L. concludes his lecture with a case, the details of which, as given by him, we will transfer to our pages.

I remember being sent for, to see a young man who had attempted to destroy himself. He got a loaded pistol, and put it to the left side of his chest and discharged it. I was summoned suddenly, and the person that came said that it would be of no use for me to go, because he was dying, and probably would not live till I arrived; but still he had been desired to fetch a surgeon, and therefore wished me to see him, whether dead or alive. When I came, I found the young man nearly in a state that justified the representation of the messenger who had come to me. He seemed almost dying; was in a state of the greatest depression; his pulse was hardly perceptible, his skin was pallid and cold, he was hardly able to utter a sound, and he looked like a dying man. There was an opening towards the anterior part of the chest, near the middle, on the left side, not far from the sternum; so that it seemed probable that the bullet had gone near the heart. Upon examining him carefully, I found the bullet under the spinal process of the vertebræ, nearly opposite to the part where it had entered in front. I divided the skin with a bistoury, and took out the ball. He was in so low a state, and so reduced, when I saw him, that it was necessary to put him in bed, and give him some wine and water to rally him. When he was placed in bed, he slowly recovered from this state of depression. However, it appeared manifest that immediate effects were produced on an organ of consequence that would necessarily be fatal, and that all that could be done was, in proportion as the circulation recovered, to bleed



him very freely, to starve him, to purge and to keep him in a state of perfect rest. This plan was pursued, in all its parts, to the utmost extent. Symptoms of considerable inflammation, which came on from the first, were obviated by venesection, purging, and the means that I have men-

tioned; in fact, he lost an immense quantity of blood. He was reduced, by these means, to death's door; however, he was a young person, and it so turned out that neither the heart nor the lungs had received serious injury. He recovered completely, and got quite well.

BOSTON, TUESDAY, MARCH 23, 1830.

#### DESCRIPTIVE ANATOMY.

FROM the endless and perplexing task of adjusting the merits of medical theories, and deciding between various and often contradictory modes of practice, it is pleasant to recur now and then to that branch of our science where fact has the pre-eminence of theory, and demonstration is substituted for mere probable evidence. Let men say what they will of Medicine, we can at least hold up Anatomy as an exact science. Here there is no royal road to knowledge, and no chance for ignorance to conceal itself under the disguise of arrogant presumption. The unprincipled quack may, and often does confront the scientific practitioner at the bedside of the patient, and even confound him by the very boldness with which he utters the grossest absurdities. But let them meet in a dissecting room, at a post-mortem examination, or in a case of accident involving the injury of deep-seated parts, and their comparative importance will be found reversed. The man of science gains the confidence and respect of the by-standers by the first words he utters, whilst the ignoramus is glad to remain silent and unnoticed,—conscious that a single observation on the scene before him, may betray

him to all present, and render him an object of contempt and ridicule.

Every attempt to facilitate the acquisition of knowledge so important as that of the structure of the human fabric, should meet the approbation and good wishes of us all; and it is with much pleasure we notice that an edition of Cloquet's Anatomy, translated by Dr. Knox, has just been published by Messrs. Wells & Lilly, of this place. This work of M. Cloquet is esteemed, by good judges, the best manual of Descriptive Anatomy now extant; and, although we cannot agree with the learned, and unfortunately celebrated translator (*vide* preface to the work), in condemning treatises of General Anatomy as useless, and the speculations of Bichat and Meckel as absurd and visionary, yet we do agree with him in the opinion that the purely descriptive part of the science may be advantageously separated from the other, and presented to the student in a convenient form and within moderate limits, as a guide and companion in his personal researches. More than this a treatise on Anatomy can never be; since to expect a student to learn this science from a book, is an absurdity too gross to be tolerated.—

The work in question is without plates—an omission which can scarce be regretted, since any delineations of the parts capable of materially assisting the reader, would have rendered it far more expensive, and consequently less generally accessible; besides, regarded as a companion to the student in his personal researches, plates would clearly have been unnecessary and useless. As it is, the price is reasonable, and we hope the enterprise of the publishers will not prove to have been misdirected.

---

PECUNIARY EMBARRASMENTS OF THE  
PROFESSION IN ENGLAND.

A VERY melancholy picture is drawn by the editor of the London Lancet, of the impoverished state of the members of the medical profession in England. Largely, very largely, are they said to have partaken in the general distresses of the country. Whole families go through the measles, hooping cough, the successive stages of varicella, and even the angry scarlatina, without troubling their medical attaché, and though pretty uniformly called on to vaccinate the children, the family physician is deemed sufficiently rewarded, in these hard times, by the confidence thus evinced in his professional skill. It is only in extreme cases of absolute necessity that regular visits are requested.

But it is not only this current economy of medical attendance which is complained of. When pay-day comes, few are ready to meet the demands of their physician. Never was so great a measure of inability

to pay experienced, it appears, as at the present time. "Money is scarce; there are many bills which *must* be paid, and after we have got rid of these, we will try to pay *part* of the Doctor's." This is the language most generally heard. People appear to think that the Faculty have some mode of procuring the necessary comforts and even luxuries of life, without money,—that there is some magic in the business which renders gold and silver totally unnecessary for medical men. This strangely absurd sentiment seems to exist in more countries than one,—and what is still more unfortunate for us is, that our grocers, tailors, wood-wharfingers, and the various other classes of gentry by whom our wants and comforts are supplied, seem to be almost the only ones truly enlightened on this subject,—the only ones among whom this absurd notion does not exist.

We were amused by the remedy suggested by Mr. Wakley for the pecuniary evils under which he supposes the profession to be groaning. America, he seems to think, offers a fair opening for those professional gentlemen whose families are starving at home; let them emigrate to this fair land, and all mourning and complaint will cease; for here medical men are in demand, and as for gold and silver, one would suppose the editor believed they grew on our pine trees, and paved the streets of our cities.—Nothing can be farther from the truth. We graduate every year, at our medical colleges, more Doctors of Medicine than can possibly get a living in the country; and

those practitioners who are already enjoying a fair proportion of public favor, feel, although in a much less degree it would seem than their brethren in England, their full share of the pressure of the times. Were a cargo of poor doctors, with their families, to come and seek a living from the exercise of their profession in America, they would find too late the error of their expedient,—they would find that we have among ourselves abundant resources whence to supply the demand here existing for such services as are expected from either of the learned professions. Literary importations have heretofore proved tragical in the extreme; no reason exists why the result should be different now. Besides — *Une pierre que roule n'amasse pas de mousse*. Expectations of gain by change of country are most generally disappointed. It is better for a man to be contented with a merely comfortable subsistence in his own native land and among the long known and long loved, than to incur the hazard of suffering the pains of penury among those who have with him no community of feeling. If the account be true, we most sincerely deplore the pecuniary troubles of our transatlantic brethren, but feel assured that, even as a dernier resort, emigration to America would but augment their embarrassments.

---

THE LANCET DULLED.

DR. JOHNSON of London, Editor of the Medico-Chirurgical Review, after making copious extracts from an article which appeared in our Jour-

nal for July 29, 1828, on the state of the Profession in England, adds the following comment, from which our readers will learn without regret what is the present condition of Mr. Wakley's Lancet. Though its edge be now gone, the wounds it has made in its day have been numerous, deep, and directed by no unbiassed judgment; and though, after a time, most of them may be cured, none certainly can heal by the *first intention*.

"Every honorable man," says Dr. J., "who has the interest of his profession at heart, or who is imbued with any of the better feelings of humanity, will join in the excellent advice and wise precepts of our transatlantic contemporary, whose sentiments do honor to his country as well as to himself. It may be gratifying to him to know that the influence of the "common libeller" is gone forever, in this country—and well that libeller knows it! The hallucination is passing fast away from the medical profession of these Isles, though not before its members became the subject of astonishment, and too often of contempt, among their brethren in other countries. The violence of the infatuation has soon exhausted, and consequently cured itself—and the instrument which once created awe among the timid, is now looked upon with as much indifference, if looked upon at all, as the log thrown down by Jupiter was eyed by the croaking tribe, after the splashings had subsided."

---

NOLI ME TANGERE.

THE tubercular disease designated, by Willan and other writers, by the generic term *Lupus*, has been always formidable. In its original tubercular state, it has appeared sometimes to yield to well-directed treatment,

but, after ulceration has taken place, it usually goes on, in its work of destruction, till it produces deformity of the most hideous aspect:—its progress is seldom interrupted by any general or local remedies known to the profession. Under these circumstances, it is not strange that many of the Faculty, and more particularly those connected with institutions for the treatment of cutaneous diseases, should have expended much time and reflection, and tried numerous experiments, in order to obtain more light on the nature and cure of so malignant a disease. As few of these experiments have been productive of much useful knowledge, they have never been brought before the public; but we are happy now to be able to impart, for the first time, to our medical friends, some information on this subject, of great practical value.

M. BIETT, of the Hospital St. Louis, has found that, in their tuberculous state, these tumors will often yield to frictions with the deutioduret of mercury; and Dr. SAMUEL PLUMBE, of London, author of the best book in the English language on the treatment of cutaneous diseases, has found out a very sure and effectual remedy for them, in their chronic ulcerative condition. In a letter to the Editor of this Journal, Dr. Plumbe writes, "I have lately had the satisfaction of curing several cases of Lupus, of several years standing, by the use of *Nitrous Acid Lotion*, made of about the strength of weak vinegar. Not, however, by merely applying it, by means of linen, to the sore, but by the diligent

and hourly use of it, with a camel's hair pencil,—so brushing and washing the surface, as to extenuate and wash away every portion of that gummy brown secretion as soon as formed, and applying the lotion directly and constantly to the bare surface. It really works miracles, and I consider it the most valuable fact which I have discovered for years."—Here then is another and a most frightful disease, struck at once from that black list of incurables, which the enterprise and intelligence of the Faculty are so zealously engaged in reducing.

#### ARM PRESENTATIONS.

Dr. SAMUEL, of Konitz, has endeavored to prove that, in certain cases, amputation of the arm, when this presents in parturition, may be not only useful but necessary; and, to illustrate his views, he relates the two following examples. In both, the fœtus was placed transversely, and the waters had come away for thirty-six hours. There were distinct signs of the child being dead. In one the arm had made its appearance prematurely, and forcible efforts at extraction had been made by pulling it, until the shoulder, and part of the thorax, were impacted in the lower part of the pelvis. The shoulder of the expelled arm was wedged against the inferior border of the arch of the pubes, and the arm itself was swollen to four times its natural size. It was black; partly deprived of cuticle; and in a state of emphysematous putrefaction. The mothers were reduced to the extremity of exhaustion, with cold sweat, almost imperceptible pulse, and ardent thirst. They complained of constant pain in the belly, and the uterus was spasmodically contracted on the fœtus, but without regular pains. The genitals

were swollen, dry, hot, and painful. In one case the umbilical cord presented along with the arm, and was putrid.

It was impossible to make the usual examination, because the fingers could only be introduced as far as the axilla of the fœtus, but it was ascertained that there was no deformity of the pelvis. In both cases the right arm, with the shoulder, rested on the inferior edge of the arch of the pubes; the back of the hand turned upwards and outwards; the thumb towards the left hip of the mother. From these circumstances it was inferred that the face of the child was in the left iliac fossa, and the feet on the right side, the back being turned obliquely upwards and forwards. In one of the patients the urine was evacuated in the first place by means of a catheter; in both anti-spasmodics were prescribed, and frequent injections thrown into the vagina, consisting of a mixture of oil and infusion of camomile. These means were attended with little benefit, and the following operation was had recourse to. The women were placed across a bed, with the thighs raised; then the accoucheur introduced the hand, not without difficulty, and much pain to the mother, under the arm of the child, but it was impossible to get farther up than has been already mentioned. An effort was cautiously made to push back the trunk, so as to afford room to get at the feet, but without success; and every stage of the proceeding occasioned excruciating pain. It was then resolved to cut off the arm, which was done without difficulty by means of a probe-pointed bistoury. Twisting the limb accomplished its separation, which the cutting instrument had left incomplete. No pain was given to the mother in either case; and in both they expressed relief. It was then found practicable to push back the trunk, and to arrive at the feet, situated to the right; after which the delivery was easy.

Both mothers did well.—*Rust's Magazine.*

*Organic changes produced by Insanity.*—M. Esquirol, in a statistical report of the Asylum for Lunatics, at Charenton, recently published, states, that the disorganizations within the cranium had no relation either to the nature or violence of the insanity. Those in whom the delirium and other symptoms might have led to the expectation of finding extensive mischief in the brain, occasionally exhibited but very slight changes from the natural structure of the parts; while others who had but very little delirium and no bad symptoms, have had disorganizations of great extent and various character. In yet other cases (and M. Esquirol points out the fact as embarrassing to all theories as to the real nature of the disease) no change of any kind could be detected, either in the brain or its membrane. Nay, this absence of any appreciable disorganization, is sometimes met with in maniacs, who have had every variety of delirium, and died after having been insane for several years. A curious fact of a different nature, mentioned by M. Esquirol, is, that patients have in several instances died at Charenton from suffocation, owing to their food sticking in their gullet: two such cases are mentioned in the present report. He attributes the circumstance, not to stricture, but to paralysis; a complication which he has observed to be very frequent, especially among men.—*Annales d'Hygiène, &c.*

*Hydro-rachitis cured by Seton.*—Authors are generally agreed in regarding hydro-rachitis as necessarily fatal. Dr. Ghidella has recently tried the same method as is adopted in hydrocele. An infant, three days old, had a congenital tumor, of the size of a small egg, on the site of the sixth cervical vertebra, painful to the touch, translucent, like a fresh egg,

and diminishing on pressure. The tumor did not increase in size when pressure was made on the fontanelle. A long needle, armed with a waxed thread, was passed near the base of the tumor, and the thread left, as in the application of a seton. Next day the parts were fomented with a decoction of the bark of the pomegranate in wine, by which a pretty brisk inflammation was excited; a poultice of bread and milk applied; and the seton continued for forty days. The second month the tumor was empty and shrunk, like a dried fig. Nutrition was re-established, and the little patient did well.—*Gazette de Chirurg. Pract.*

*Premium awarded.*—A premium of \$ 50 for the best Essay, addressed to the young men of the Colleges and professional Seminaries, dissuading them from the use of wine, spirits and tobacco, has been awarded to the Rev. Professor Hitchcock, of Amherst College. More than twenty dissertations were received.

*The New York State Medical Society*—offer \$ 50 as a premium for the best dissertation on each of the following subjects:—1st. The nature, causes, symptoms and treatment of Delirium Tremens, illustrated by cases. 2d. The causes of the large proportion of stillborn children in our large cities over those of London, with statistical tables. To be sent to Dr. Joel A. Wing,

Albany, before the 1st of December next.

*Massachusetts General Hospital.*

—Dr. George Hayward has accepted the appointment of Junior Surgeon to this hospital. The attending officers now are—

JOHN C. WARREN, M.D., *Senior Surgeon.*

GEORGE HAYWARD, M.D., *Junior Surgeon.*

JAMES JACKSON, M.D., *Physician.*

WALTER CHANNING, M. D., and

JOHN WARE, M.D., *Assistant Physicians.*

There are about sixty patients in the house, and the perfect neatness of all the apartments and passages renders it not only a very desirable residence for the sick, but a source of great gratification to those gentlemen and ladies who have visited the establishment.

*Lecture on Anatomy.*—The learned Professor of this Science in the Medical College, recently delivered a lecture, accompanied by demonstrations, to an audience composed principally of members of the Massachusetts Legislature. We were not present, but understand that the topics introduced were very judiciously selected, and the necessity of actual dissection for the attainment of such information as is essential to the Physician and Surgeon, amply and clearly illustrated.

WEEKLY REPORT OF DEATHS IN BOSTON, ENDING MARCH 12.

| Date.    | Sex. | Age.   | Disease.        | Date. | Sex.                              | Age.   | Disease.              |
|----------|------|--------|-----------------|-------|-----------------------------------|--------|-----------------------|
| March 6. | F.   | 37 yrs | liver complaint |       | M.                                | 41 yrs | intemperance          |
|          | M.   | 14 mo  | lung fever      |       | M.                                | 3 d    | spasms                |
|          | F.   | 3      | do.             | 10.   | F.                                | 22 yrs | lung fever            |
|          | M.   | 50 yrs | bilious colic   | 11.   | M.                                | 26     | dissipation           |
| 7.       | M.   | 44     | consumption     |       | M.                                | 11     | convulsions           |
|          | M.   | 4      | do.             |       | M.                                | 1 d    | unknown               |
| 8.       | M.   | 50     | do.             |       | M.                                | 2 yrs  | accidental            |
| 9.       | M.   | 68     | unknown         | 12.   | F.                                | 9      | inflammation of lungs |
|          | M.   | 30     | do.             |       | F.                                | 41     | consumption           |
|          | F.   | 27     | do.             |       | Males, 13,—Females, 6. Total, 19. |        |                       |

## ADVERTISEMENTS.

## NEW MEDICAL BOOKS.

**J**UST published, and for sale, by CARTER & HENDEE,—Malaria; an Essay on the Production and Propagation of this Poison. By JOHN McCULLOCH, M.D. F.R.S., &c. &c.

An Essay on the Diseases of the Internal Ear. By I. A. SAISSY, M.D. Translated from the French, by NATHAN R. SMITH, M.D., Professor of Surgery in the University of Maryland; with a Supplement on Diseases of the External Ear, by the Translator.

Observations on the Utility and Administration of Purgative Medicines, in several Diseases. By JAMES HAMILTON, M.D., Fellow of the Royal College of Physicians, &c. &c. From the Fifth Edinburgh Edition.

## MEMORIA MEDICA.

**T**HIS day published by CARTER & HENDEE, corner of Washington and School Streets, Memoria Medica,—a Medical Common-place Book,—with an alphabetical Index of the most common terms occurring in practice. Carefully selected and arranged by a Fellow of the Massachusetts Medical Society.

From Dr. James Jackson, Professor of the Theory and Practice of Medicine in Harvard University.

Gentlemen,—I have examined the "Memoria Medica" which you sent to me. I think the plan of it very excellent, and that it will be found highly useful to practitioners and students of medicine. I have never believed that a voluminous common-place book can be very beneficial to any man, unless he means to become an author. But on the other hand, every one will find an advantage in keeping a common-place book in which he may notice the detached facts which come under his notice, and which are likely soon to be lost from his memory. The book you have prepared will be found well adapted for this purpose by medical men, and will be more likely to be used by those who procure it than a common blank book, because all the labor of arrangement is saved.

I am, gentlemen, your obedient servant,  
JAMES JACKSON.

From Dr. Walter Channing, Professor of Obstetrics and Medical Jurisprudence in Harvard University.

I have examined the Medical Common-place Book which was left with your note this evening, and with pleasure offer you my thanks for the publication of so useful a volume. Every practitioner of medicine will agree with the remarks in the preface on the inconveniences and absolute loss of what is very useful, which result from depending solely on the memory. Not unfrequently it happens that some particular prescription is peculiarly suited to an individual. Some time passes, and an occasion again arises in which we believe that the same medicine might be equally beneficial; what it was, however, has wholly escaped us; and though something else may be equally useful, still some regret may be felt, at least by the patient, that what has been found beneficial cannot again be at once resorted to. Some object to an artificial method of preserving, for such and other uses, what may be safely trusted to the memory, if that faculty be faithfully cultivated. I am willing to admit that there is force in this objection; but it is a simple question of fact only we have to consider. If it be true that there is much lost to the individual, and certainly much more to the profession, by trusting entirely to the memory, the occasional use of the Common-place Book for the preservation of what is truly valuable, has all the recommendation it needs. For such purposes, viz., for the registering of cases the most rare, and the frequent, if important, epidemics, prescriptions, &c., your *Memoria Medica* promises to be very useful; and for these it well deserves to be recommended to physicians. Students attending hospital practice will find it very valuable. Its tables of names are very full, and under references very easy. I cannot but hope it will get into general use.

Yours, &c., W. CHANNING.  
Dec. 8.

## AN ENGRAVING,

**R**EPRESENTING the Perfect and Imperfect Cow Pox and the Chicken Pox, during their course, by J. D. Fisher, M.D. This day published and for sale by CARTER & HENDEE, cor. of Washington and School sts. Price 62 1-2 cts.

Jan 26.

Published weekly, by JOHN COTTON, at 184, Washington St. corner of Franklin St., to whom all communications must be addressed, *postpaid*.—Price three dollars per annum, if paid in advance, three dollars and a half if not paid within three months, and four dollars if not paid within the year. The postage for this is the same as for other newspapers.